## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🐣

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000022398** 04-16-2004 90032 042 \*\*\*150.00 1. Entity Name TROTTA AUTO SALES, INC. Principal Place of Business Mailing Address P2011699 6760 SE 58 AVE OCALA FL 34472 6580 SE 88 ST OCALA FL 34472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 300/52 City & State City & State Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR **MIAMI FL 33145** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE **PSTD** ☐ Deleta TILE Change ☐ Addition TROTTA, RICHARD NAME NAME STREET ADDRESS 6760 SE 58 AVE STREET ADDRESS CITY-ST-21P OCALA FL 34472 CITY-ST-21P IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEOLA-TROTTA, JOAN NAME STREET ADDRESS 6760 SE 58 AVE STREET ADDRESS City-ST-70 OCALA FL 34472 CITY-ST-70P Oclete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP == CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add ess, with all other like empowered RICHARO

FILED